

AUG 0 7 2003 TC 1700

W.R. Grace & Co.-Conn Patent Dept. 7500 Grace Drive Columbia, MD 21044

AMENDMENT TRANSMITTAL FORM

Attorney Docket No. W-9459-02

In re application of: Kneg-Yu Shih

Serial No.

Filed: August 4, 2003

Group Art Unit:

Examiner:

ACTIVE HETEROGENEOUS BI- OR TRI- DENTATE LIGAND/TRANSITION METAL CATALYST

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith is an amendment/response in the above-identified application.

NO ADDITIONAL FEE IS REQUIRED.

Ø The fee for any changes in number of claims has been calculated below:

CLAIMS AS AMENDED

CDAINS AS AMENDED						
(1)	(2)	(3)	(4)	(5)	(6)	
	Claims		Highest No.	Present	Rate	Additional
1	Remaining	1, 4, 1, 4,	Previously	Extra		Fee
	After		Paid For			
	Amendment			1		
Total						
Claims	207	Minus	**161	*46	\$18.00	\$ 828.00
Indep.						1
Claims	3	Minus	***3	*0	\$80.00	\$ 0.00
			****For Multiple			
			Dependent Claims			
			Add:		\$270.00	\$
					TOTAL	
					FEE DUE:	\$ 828.00

^{*}If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

 \boxtimes Please charge \$828.00 to Deposit Account No. 07-1770. Two extra copies of this sheet are enclosed.

 \boxtimes The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required, or credit any overpayment, to Deposit Account No. 07-1770. Two extra copies of this form are enclosed.

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Yelephone: \$\$1-299-9326

Product Code: DAV-POLY

^{**}If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.

^{***}If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

^{****}Multiple Dependent Claim fee is only paid once.